

MEDICATION ADMINISTRATION RECORD

(ALBI-283) ALBION CORRECTIONAL

01/2001

DT01

MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

RAZOLAM (XANAX) 1MG TAB

1 1 TABLET(S) BY MOUTH 3 TIMES DAILY AS
DED FOR 30 DAYS 90d. 11-19-01
2163023 LINDENMUTH, PSYCH. ANGELA . PY
RT - 09/25/2001 STOP - 11/21/2001

EPIN (STINEQUAN-ADAPTIN) 50MG CAP

1 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR
DAYS 90d. 11-19-01
2163027 LINDENMUTH, PSYCH. ANGELA . PY
RT - 09/25/2001 STOP - 11/21/2001

Tolnaftate 1%. cr.

apply 600

10/25

X30d

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

More in going po Qd

po

10/25

X30d

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR

11/01/2001

THROUGH

11/30/2001

Physician LINDENMUTH, PSYCH. ANGELA

Physician

No Known Drug Allergy

Telephone No.

Alt. Telephone

Medical Record No

Rehabilitative Potential

agnosis

Medicare Number

Medicare Number

Complete Entries Checked

EDICATION ADMINISTRATION RECORD

(ALBI-283) ALBION CORRECTIONAL

10/01/2001

DTO1

MEDICATIONS

PRAZOSIN (XANAX) 1MG TAB

TAKE 1 TABLET(S) BY MOUTH 3 TIMES DAILY AS
NEEDED FOR 60 DAYS

X 2163023 LINDEMUTH, PSYCH, ANGELA, PY

START - 07/23/2001 STOP - 11/21/2001

DXERETIN (SIMEQUAN-ADAFIN) 50MG CAP

TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR
DAYS

X 2163027 LINDEMUTH, PSYCH, ANGELA, PY

START - 07/23/2001 STOP - 11/21/2001

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

EDICATION ADMINISTRATION RECORD

11/2001

(ALBI-283) ALBION CORRECTIONAL

101

MEDICATIONS

PERDIAZ (RISPERIDONE) 1MG TAB X603

1 TABLET(S) BY MOUTH TWICE DAILY

STIPIFICATION APPROVED UNTIL - 3-15-02

1613988 WASHLINE, D.O. / DAVID / DO

RT - 09/16/2001 TAKSTOP - 03/15/2002

EPIN (SINEQUAN-NAPHTH) 50MG CAP

1 CAPSULE(S) BY MOUTH AT BEDTIME FOR

DAYS *YTD* 5-21 X603

1866244 BESNER, PSYCH, LANCE / PY

RT - 07/20/2001 TAKSTOP - 10/04/2001

Xanax 1mg tab BID

1M *YTD*

108

1/2/01 - 8/31/01

TID c/fed/om

201 Medication from 7/1

Xanax 1mg

PO TID b/f

21

X603

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR 09/01/2001 THROUGH 09/30/2001

physician BESNER, PSYCH, LANCE

It. Physician

NO KNOWN DRUG ALLERGY

Allergies

Telephone No.

Medical Record No

Alt. Telephone

Rehabilitative Potential

agnosis

edicaid Number

Medicare Number

Complete Entries Checked

BY

Title

Date

PATIENT CODE

ROOM NO.

BED

FACILITY CODE

MEDICATION ADMINISTRATION RECORD

(ALBI-283) ALBION CORRECTIONAL

01/2001

DT01

MEDICATIONS

PERAL (RISPERIDONE) 1MG TAB

E 1 TABLET(S) BY MOUTH TWICE DAILY

MEDICATION APPROVED UNTIL 9-15-02

1613988 BASHLINE, D. B., DAVID, DO

RT - 10/17/2001 STTP - 03/15/2002

EPIN (SINEQUAN ADAPTH) 50MG CAP

E 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR

DAYS TO DO

1926264 BESNER, PSYCH, LANCE, PY

RT - 07/20/2001 STTP - 10/04/2001

Xanax 1mg po BID

PM

x77days

Motrin 800mg po QID x240PBD

8/25

Ibuprofen 600 PRN 1/2D

8/25

Ice to head

910 PM

8/1

x48

Tylenol 3 1/2 po

910 PM

Scopolamine 0.03 x3D

Ibuprofen 600

po TID x240PBD

8/25

x75

MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR 08/01/2001 THROUGH 08/31/2001

Physician BESNER, PSYCH, LANCE Telephone No. _____ Medical Record No. _____

Alt. Telephone _____

Rehabilitative Potential _____

Allergies NO KNOWN DRUG ALLERGY

Diagnosis _____

Medicaid Number _____ Medicare Number _____ Complete Entries Checked _____

Date _____

EXHIBIT C

A/B101

DC-456 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS							
NAME GREEN, TYRONE		NUMBER FP4593	QUARTERS FA						
X-RAY NUMBER DOB 1-23-70	DATE OF X-RAY 8/27/01	TECHNICIAN HT							
<input type="checkbox"/> TREATMENT	<input type="checkbox"/> EXAMINATION	DETAILS: <i>Rt hand</i> <i>Fell getting out of shower 8/25/01 landing on R hand. Pain swelling 4-5 M P area R/O FX</i>							
BASHLINE PHYSICIAN									
<p>REPORT R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly marginated prob. old fragment at lateral aspect base of 5th metacarpal.</p> <p>IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Soft tissue swelling noted. Probable old chip fx base of 5th metacarpal.</p> <p>HKS/dg 9/18/01</p> <p>HS Henry K. Smith, D.O.</p>									
<p>REPORT R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly marginated prob. old fragment at lateral aspect base of 5th metacarpal.</p> <p>IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Soft tissue swelling noted. Probable old chip fx base of 5th metacarpal.</p> <p>HKS/dg 9/18/01</p> <p>HS Henry K. Smith, D.O.</p>									
<p>Practitioner HT Date 9-19-01 Time 1602</p> <table border="0"> <tr> <td>A</td> <td>N</td> <td>NCS</td> </tr> <tr> <td>Abnormal (Requires A)</td> <td>Normal</td> <td>Not Clinically Significant</td> </tr> </table> <p>RDENT/EMR/DOCTOR Soap Note Pink—RADIOLOGIST FILE</p>				A	N	NCS	Abnormal (Requires A)	Normal	Not Clinically Significant
A	N	NCS							
Abnormal (Requires A)	Normal	Not Clinically Significant							
DATE OF REPORT		Dr. Mark Baker Canary—X-RAY FILE Medical Director							
White—MEDICAL RECORD		Pink—RADIOLOGIST FILE							

A/B/IN

DC-456 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS		
NAME <u>GREEN, TYRONE</u>		NUMBER <u>EP4593</u>	QUARTERS	
X-RAY NUMBER <u>DOB 1-23-70</u>	DATE OF X-RAY <u>9/21/01</u>	TECHNICIAN <u>11</u>		
<input type="checkbox"/> TREATMENT	<input type="checkbox"/> EXAMINATION	DETAILS: <u>Rt hand (through splint)</u>	<u>Followup of fx</u>	
PHYSICIAN <u>BAKER</u>				
REPORT	R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended.			
IMPRESSION:	<u>Anatomic alignment.</u>			
SS/dg	10/10/01	Sonja Schaffer, M.D. <u>SS</u>		
DATE OF REPORT	Dr. Mark Baker Medical Director			
White—MEDICAL RECORD		Canary—X-RAY FILE		Pink—RADIOLOGIST FILE

A/B/IN

DC-456 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS		
NAME <u>GREEN, TYRONE</u>		NUMBER <u>EP4593</u>	QUARTERS <u>FA</u>	
X-RAY NUMBER <u>DOB 1-23-70</u>	DATE OF X-RAY <u>8/27/01</u>	TECHNICIAN <u>11</u>		
<input type="checkbox"/> TREATMENT	<input type="checkbox"/> EXAMINATION	DETAILS: <u>Rt hand</u>	<u>Tell getting out of shower 8/25/01 Swelling on R hand. Pain Swelling 4-5 MPaa R/o FX</u>	
BASHINE PHYSICIAN				
REPORT	R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly marginated prob. old fragment at lateral aspect base of 5th metacarpal.			
IMPRESSION:	Fx base <u>RECEIVED</u> metacarpal of indeterminate age. Clinical correlation recommended. Probable old chip fx.			
base of 5th metacarpal.	<u>Office of Attorney General</u> swelling noted.			
DEC 12 2003	<u>HS</u>			
HKS/dg 9/18/01	Henry K. Smith, D.O.			
WRO	<u>DR. MARK BAKER</u>			
Litigation Section	<u>DR. MARK BAKER</u>			
DATE OF REPORT	Soap Note) Pink—RADIOLOGIST FILE			

Alison

DC-456 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME <u>GREEN, TYRONE</u>		NUMBER <u>EP4593</u>	QUARTERS
X-RAY NUMBER <u>DOB1-23-70</u>	DATE OF X-RAY <u>9/21/01</u>	TECHNICIAN <u>LH</u>	
<input type="checkbox"/> TREATMENT	<input type="checkbox"/> EXAMINATION	DETAILS: <i>RT hand (through splint)</i> <i>Follow-up of fx</i>	
PHYSICIAN <u>BAKER</u>			
REPORT	R HAND: Evi: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early bony healing. F/u recommended.		
IMPRESSION: <u>Anatomic alignment.</u>		Diagnostic Stamp Practitioner <u>SS</u> Date <u>10-11-01</u> Time <u>1345</u> A N NCS Abnormal Normal Not (Requires A) IDENTIFICATIONIST Clinically Significant	
DATE OF REPORT	Dr. Mark Baker Medical Director Canary—X-RAY FILE		
White—MEDICAL RECORD	Soap Note Pink—RADIOLOGIST FILE		

AlBion

X-RAY REPORT

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSINMATE NUMBER: GREEN, TYRONE
DATE OF X-RAY: 10/12/01

NUMBER: EP4593

QUARTERS: FA

TECHNICIAN: 14

 TREATMENT EXAMINATION DETAILS: RelandX-ray done out of splint
per DR FERRETTI

PHYSICIAN: BAKER

PORT: RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.

IMPRESSION: Moderately advanced healed fractures.

HKS/pjt
DATE OF REPORT: 10/13/01

WHITE MEDICAL RECORD

Canary—X-RAY FILE

HKS
Henry K. Smith, D.

Dr. Mark Baker

Medical Director

Diagnostic Stamp		
Practitioner	HKS	
Date	10/13/01	
Time	1450	
O. A.	N	NCS
Abnormal	Normal	Not
(Requires A ROENTGENOLOGIST DC 472)		
Significant Seen Note PMK—RADIOLOGIST FILE		

A/B/10N

DC-456	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS																						
X-RAY REPORT																							
NAME <u>GREEN, TYRONE</u>	NUMBER <u>EP4593</u>	QUARTERS <u>FA</u>																					
X-RAY NUMBER <u>009 1-23-70</u>	DATE OF X-RAY <u>10/12/01</u>	TECHNICIAN <u>LAH</u>																					
<input type="checkbox"/> TREATMENT	<input type="checkbox"/> EXAMINATION	DETAILS: <u>Rt hand</u> <i>X-ray done out of split per DR FERRELL</i>																					
PHYSICIAN <u>BAKER</u>																							
REPORT	RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.																						
IMPRESSION: Moderately advanced healed fractures.		<table border="1"> <tr> <td colspan="2">Diagnostic Stamp</td> </tr> <tr> <td>Practitioner</td> <td><u>HK</u></td> </tr> <tr> <td>Date</td> <td><u>12/16/01</u></td> </tr> <tr> <td>Time</td> <td><u>1400</u></td> </tr> <tr> <td>D. A.</td> <td><u>N</u></td> </tr> <tr> <td>Abnormal</td> <td>Normal</td> </tr> <tr> <td colspan="2">(Requires A ROENTGENOLOGIST</td> </tr> <tr> <td colspan="2">DC-456</td> </tr> <tr> <td colspan="2">Seen Note</td> </tr> <tr> <td colspan="2">PINK RADIOLOGIST FILE</td> </tr> </table>		Diagnostic Stamp		Practitioner	<u>HK</u>	Date	<u>12/16/01</u>	Time	<u>1400</u>	D. A.	<u>N</u>	Abnormal	Normal	(Requires A ROENTGENOLOGIST		DC-456		Seen Note		PINK RADIOLOGIST FILE	
Diagnostic Stamp																							
Practitioner	<u>HK</u>																						
Date	<u>12/16/01</u>																						
Time	<u>1400</u>																						
D. A.	<u>N</u>																						
Abnormal	Normal																						
(Requires A ROENTGENOLOGIST																							
DC-456																							
Seen Note																							
PINK RADIOLOGIST FILE																							
HKS/pjt DATE OF REPORT <u>10/13/01</u>		Henry K. Smith, D. Dr. Mark Baker Medical Director Canary—X-RAY FILE																					
White—MEDICAL RECORD																							

DC-456
(REVISED 1/2003)COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

X-RAY REPORT

DATE	3-18-04	<input type="checkbox"/> STAT	<input checked="" type="checkbox"/> ROUTINE	PHYSICIAN	Araneda
DATE TO BE DONE	3/19/04	EXAMINATION REQUESTED X-rays R. wrist & Rt. hand			
REASON FOR EXAM	No fp 4th & 5th MCX 2 yrs ago Pain - no new trauma				
REPORT					

GREEN, TYRONE EP4593 SCI HUNTINGDON

RIGHT HAND- Routine views of the right hand are compared to prior study from 10-12-03. There is mild deformity at the base of the 4th metacarpal bone consistent with healed fracture at this location. There are no new or acute fractures. A small non united boney density at the base of the 5th metacarpus may also be related to prior trauma. The bones are otherwise intact and the joint spaces are well preserved. There is mild soft tissue swelling noted.

IMPRESSION- There is evidence of prior injury as noted; no acute fracture or significant deformity. No significant arthritic changes.

RIGHT WRIST- Old healed fracture of the base of the 4th metacarpus is again noted. There is no acute fracture, subluxation or deformity. The carpal bones are intact.

Peter G. Gregory, MD

03/22/04 1ag

DATE OF REPORT

ROENTGENOLOGIST

DIAGNOSTIC STUDY STAMP

PRACTITIONER:

LA

DATE:

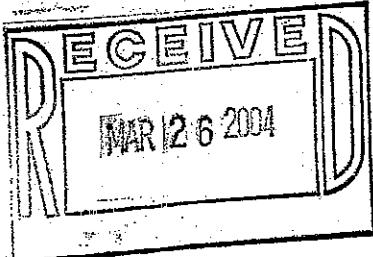
3/29/04
16-00

TIME:

A

N

NCS

DR. ARANEDA, M.D.
NOT CLINICALLY
SIGNIFICANT(REQUIRES
DC-472 SOAP NOTE)

NORMAL

NOT CLINICALLY
SIGNIFICANT

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <input checked="" type="radio"/> Initial <input type="radio"/> Follow-up <input checked="" type="radio"/> On-Site <input type="radio"/> Off-Site <input type="radio"/> Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
X-ray	Bashline	8-27-01
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes <input type="radio"/> No <input checked="" type="radio"/>
NKDA -		

Reason for Referral/ History of Present Illness/Injury:

X-ray - Rt Hand

Treatment to Date/Current Medications and Significant Medication History:

Fall getting out of shower 8-25
 Landing on Rt hand - Pain swelling
 4-5 MP area - R/o Fr

DR. DAVID BASHLINE D.O.

Signature of Referring Physician Date 8-26-01

Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		

UR Decision: (Circle)	Approval	Disapproval	Date:
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Part B: To be completed by consulting Physician and returned with officer to the institution:

DONE 8/27/01 @ 0945
 Late add on - not Linda Helgert, R.N.
 on x-ray callout J. Helgert, R.N.

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

Consultation Record
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-441
 (Revised 1-01)

Inmate Name: Greene Tyrone
 Inmate Number: EP 4593
 DOB: 1-23-70
 SNT 1001.9

FA